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APPLICANTS

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**** CONTINUING DATA ******* *none TKA*

**** FOREIGN APPLICATIONS *******

JAPAN 2003-058199 03/05/2003 *verified TKA*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY JAPAN	SHEETS DRAWING 11	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 5
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Verified and Acknowledged _____
 Examiner's Signature _____ Initials _____

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TITLE
 Patient positioning device and patient positioning method

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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☐ 1.18 Fees (Issue)☐ Other _____☐ Credit